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Bi-Annual Report



Child Sight Foundation



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Child Sight Foundation

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Photographs:
Child Sight Foundation

Printing and Processing:
Graphics next

Publisher and Copyright:
Child Sight Foundation

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C o n t e n t s

Vision

The fundamental vision of CSF is to eliminate avoidable childhood blindness and to support a rights-based society for children with vision related disability, through the provision of better services for children and improved evidence for programme planners to control childhood blindness in Bangladesh.

- Support a rights-based society for children who are blind
- Eliminate avoidable childhood blindness
- Provide better services
- Improved evidence for programme planners



The Mission Statement

Child Sight Foundation's mission is to work with blind children, their families, community members, service providers and programme planners to ensure that no child in Bangladesh is blind from potentially preventable and treatable causes and all incurably blind children and their families have access to education, rehabilitation, recreation, self help and equal participation in the society and its development.



Core Values

Support a right based society for children

- Support a **right-based society for children**.
- Ensure long term **sustainability** of the programmes.
- **Network** with other local, national and international organizations to improve the services for and status of blind children.
- Provide data and evidence to develop **Evidence based policy and programmes**.
- Ensure **Community Participation** in planning, implementation, monitoring and evaluation of programmes.
- Support **Advocacy** at different levels to achieve defined programme objectives.
- **Empower** children with disability, their family and community members.
- **Ensure capacity building** at every level of service provision.
- Encourage **Research and Innovation** in Foundation's programmes.
- Create an **Inclusive** and barrier-free environment.
- Ensure **Gender equality** in access to services and enacting rights.
- Acknowledge and act to uphold **Human Rights**.

Our Strategies

- Child Sight Foundation will eliminate avoidable childhood blindness through health promotion and communication, primary eye care, active case detection in rural communities through trained volunteers (key informants), referral services, and follow up.
- We shall endeavour for competency development and rights of visually impaired and disabled with inclusive education, rehabilitation, self-help group and by advocating among family, community and at policy level.
- Our strategy will be to transfer knowledge, resources and expertise to similar and willing organizations through networking, and promoting replication of successful service delivery models in Bangladesh and globally.
- High quality of care will be a primary focus of all projects of the Foundation. A Centre for Child Sight will be developed to provide services and training in children's eye care, rehabilitation, low vision and inclusive education. High quality training and services will be provided for children, caregivers and partner organizations.
- Our strategies will be based on evidence and research. Action research to develop innovative models, operational research to monitor and evaluate effectiveness of programmes and other relevant research will be developed by the Foundation in partnership with academic institutions.
- Child Sight Foundation's mission and subsequent action shall contribute in Bangladesh to achieve various internationally agreed targets and conventions including Millennium Development Goals, Vision 2020, Biwako Millennium Framework and Convention of Child Rights.



Message from the Founding President

It was a privilege for me to be closely involved in the formation of this unique organization in 2002. Along with my friends, well wishers, professional colleagues and a committed team of young people (the CBPB team) we wanted to change the situation of blind children in Bangladesh and establish the rights of blind children to treatment, education and other essential services to participate as equal citizens of this country.

We, as a small team in CSF, started with a vision of a new world where no child is denied his or her human rights because of blindness, but we were soon challenged by the limitation of resources, by the needs for capacity building and most importantly by the fact that very little is actually known and documented on the situation of blind children in Bangladesh. There was a widespread denial among policy makers and service providers even about the mere existence of blind children – no data were available even on essential facts like –how many children are blind in Bangladesh?

Our work actually started in April 2000; it is now five years since I came to Bangladesh after undertaking my Clinical Ophthalmology training in Glasgow and Bristol and Community Eye Health training in London. The purpose of my two month visit in 2000 was to undertake a feasibility study for the International Centre for Eye Health (ICEH) in London so that the First National Study on Childhood Blindness in Bangladesh could be planned and implemented to inform policy makers about the number and causes of childhood blindness in the country.

During this long journey over the last five years, I had the opportunity to work with the CBPB and CSF teams, to visit every district of Bangladesh and to personally meet over 2,000 blind children. I was motivated and encouraged by many social and community workers, government officials, NGO staffs, ophthalmologists and policy makers who were keen to work for blind children in Bangladesh.

The journey of CSF taught us that the social capital in Bangladesh is well developed. We strongly believe that with this enormous social capital, motivating leadership and faith in the ability (not disability) of every citizen in this country- Bangladesh can create a wonderful example for many developing countries that are struggling to establish the rights of children (with or without blindness and disability). CSF strives to be at the forefront of the global movement against avoidable blindness-the VISION 2020 initiative, as well as in the movement to establish child rights.

Dr M A Muhit
Founder President
Child Sight Foundation and
Clinical Research Fellow
International Centre for Eye Health
London School of Hygiene & Tropical Medicine.

Message from the President



It is with immense pleasure that I write this report as the President of Child Sight Foundation, a role that I am very honoured to carry out. The undertaking of this report highlights the organisation's commitment to its stakeholders and transparency. It is also an opportunity for CSF to inform people about its achievements and future plans.

CSF has achieved outstanding results in its short three year life span. It gained registration with the NGO Affairs Bureau in October of 2004 and has been able to serve blind children on a broader platform.

The main aim of the organisation is to serve the estimated 40,000 blind children in the country, to provide them with treatment and where this is not possible, rehabilitation. The aim is to encourage them to be independent and full members of society. The organisation also seeks to assist the primary care givers of blind children by listening to them and operating in ways, which are conducive to best serving the needs of these two primary stakeholder groups. The organisation is currently in the process of developing a comprehensive programme for blind children, a model in one district, which will address their needs and hopefully be replicated in other parts of the world.

I would like to take this opportunity to congratulate the Executive Committee, the management team and staffs who contributed greatly to the continuous growth and success of CSF.

I am also grateful to the various regulatory bodies such as the Social Welfare Ministry, NGO Affairs Bureau, government and non-government organizations and local and international donors for their support, which has contributed to the success of the organisation.

Prof. A. H. Syedur Rahman
President
Child Sight Foundati on



Message from the International Centre for Eye Health, London

Despite being a relatively new NGO, and a new player in the field of blindness prevention in Bangladesh, the Child Sight Foundation has been doing truly excellent and innovative work over the last few years. One of the strengths of CSF is that the staff come from a range of backgrounds, and they bring their expertise and experience to bear on how activities are planned and organized, coming up with new and innovative ideas and solutions. The staff now have a wide range of skills, ranging from interviewing the parents of children who are blind and the blind children themselves, conducting house to house surveys to identify children who are blind, training key informants, networking with an extremely wide range of organizations, agencies and service providers, running national workshops, using qualitative information to develop and field test health education materials, and maintaining a database of the blind children they have identified. Indeed, developing and refining the key informant method for finding blind children in the community (and training other organizations in use of the method) is CSF's the main achievement, and over the two years covered by this report CSF identified 2,846 blind children. Many of these children were referred to partner eye hospitals for sight restoring surgery – the vast majority of these children would have remained blind without the tireless and committed work of CSF staff.

I wish CSF all the very best as they continue in their excellent work, and I am sure that when the time comes to the next report in 2 years time that they will have even more new initiatives to report !

Clare Gilbert MBChB, FRCOphth, MD, MSc
Acting Head, International Centre for Eye Health
Reader in International Eye Health
International Centre for Eye Health,
London School of Hygiene and Tropical Medicine, London.



Experience of an Australian Volunteer working for CSF

I started working with CSF in September 2004 as a Programme Development Advisor. My role was to identify information gaps, develop a portfolio and review document, organise workshops and use the findings to develop the strategic plan. I became acquainted with the staff very quickly and was very impressed by their level of dedication. The staff were then and continue to be, passionate about finding blind children all over Bangladesh.

CSF's strategy is to work in partnership with government departments and other national and international organisations to achieve the best possible outcome for blind children in Bangladesh. The field staff train members of the rural communities they visit to identify children with cataracts, they are then examined by qualified ophthalmologists, who are part of the CSF mobile team which visit a different part of the country every month, and the children with cataracts are referred for free sight restoring surgery.

In my role as the Programme Development Advisor, I ran workshops with primary stakeholders such as blind children, their primary care givers, community members, primary and secondary service providers and policy makers. CSF identified the need to engage the stakeholders as part of the participatory planning process, in order to ensure that their voices would be heard. The different stakeholders identified rehabilitation as a key need in their communities for blind children.

As a result of the recommendations from International Centre for Eye Health (ICEH) and the workshops, CSF is seeking funding to expand its services to provide rehabilitation to all blind children in Bangladesh. It will encourage Community Based Rehabilitation (CBR) and the formation of self-help groups, starting with building a model programme in the Jamuna Eye Care Region. By targeting children who are blind from cataract, only 30% of blind children are provided with services, the model eye care region will target and provide services for all blind children. CSF is thus a learning organization, which recognises its limitations and strives to implement new programmes to improve the situation of blind children in the country.

With technical support from the ICEH and its donors which have in the past included Muslim Aid and Christian Blind Mission, CSF has the support to both increase its current activities and improve its performance.

My year in Bangladesh flew by very quickly and I worked very hard and was motivated by a very dedicated team. My hope is that I have the opportunity to work with such a committed team again in the future.

Viola Korczak - Australian Youth Ambassador for Development
Programme Development Advisor
Child Sight Foundation

Dr M. A Muhit (Research Fellow, ICEH) started his work in May 2001 with financial and technical assistance from the International Centre for Eye Health (ICEH) of the London School of Hygiene and Tropical Medicine (LSHTM) in order to determine the causes of childhood blindness among Bangladeshi children. He completed his research on the causes of childhood blindness in 2003. The research focused on finding the causes of childhood blindness in Bangladesh and what interventions were needed. The Childhood Blindness project, Bangladesh (CBPB) team visited all 64 districts of Bangladesh between September 2001 and September 2002. The work began in Rajshahi until all six divisions were covered. The team identified 2,500 visually disabled children during this period. The CBPB team received full cooperation from various government departments, particularly the Social Welfare Department.

It was found that these children and their primary care givers were unaware about what could be done for them. As a result of this, the CBPB signed Memorandums of Understanding (MOUs) with four hospitals where 850 children received free sight restoring surgery funded by the CBPB. These hospitals included the following:

National Institute of Ophthalmology, Dhaka
Islamia Eye Hospital, Dhaka
BNSB Eye Hospital, Sirajgonj
Bangladesh Jatiya Andhya Kalyan Shamiti, Comilla.

Key Informant Method

The Key Informant Method (KIM) was developed out of the CBPB study. It is the approach CSF uses for case finding. The KIM identifies prominent and respected members of local communities such as teachers and Imams to undertake a short training course in their area on how to identify blind children. These volunteer Key Informants (KI) then compile lists of blind children in their respective communities and a Regional Coordination Officer (RCO) collects and verifies the list. A mobile team

Project Manager's Report



Shehab Chowdhury
Project Manager (2004-05)
Child Sight Foundation

1. Report of activities 2004

i) Case detection in 20 Subdistricts of 10 districts of Bangladesh using the Key Informant Method:

Using the KIM, CSF identified 812 blind children from 20 rural upazillas (or sub districts) scattered throughout Bangladesh. These sub districts were selected from 10 districts of all the 6 divisions in Bangladesh. Project areas were selected purposefully to test the method countrywide. This gave CSF the confidence to carryout the case detection programmes even in places which can only be reached by water.



ii) Technical Assistance from Australian Government for organizational development (AusAid)

In 2004-2005, Ms Viola Korczak an Australian Youth Ambassador for Development (AYAD) worked with the CSF team in Dhaka as a Programme Development Advisor for a year and assisted the CSF team to systematically consult with blind children, their family members, community members, service providers and policy makers through 8 participatory workshops (3 in 2004 and 5 in 2005). This process of participatory consultation with the beneficiaries and other stakeholders enabled the CSF leadership and team to develop a holistic approach to develop services for and to promote rights of blind children in a more responsive manner.

Needs of blind children were identified in these workshops particularly focusing on the needs perceived by the blind children and their families. CSF is determined to put blind children and their families in the centre of planning services for them. The workshop results were summarized and presented at the Child Sight Network conference to share the 'lessons learnt' with representatives of other NGOs and community based organizations from 18 districts of Bangladesh.

World Sight Day 2004

C a t a r a c t C o n t r o l C a m p a i g n

iii) World Sight Day 2004

CSF actively participated and celebrated The World Health Organisation's (WHO) 'World Sight Day' on the 15th October 2004. On this occasion CSF undertook the following activities in Dhaka:

- Sponsored 4 beneficiaries and their families to attend the Dristi Mela.
- Jointly funded with the Islamia Eye Hospital, cataract surgery on 25 children to mark the day.
- Jointly organised a press conference with the Islamia Eye Hospital.

C a t a r a c t C o n t r o l C a m p a i g n

(iv) Creating awareness about childhood blindness in remote rural communities of Bangladesh:

CSF also organized many public meetings at various upazillas with local NGOs, Government officers and community people to raise awareness about childhood blindness. About 400 such meetings were organised at community level in 20 subdistricts in 6 divisions, using varied health communication material.

2. Report on activities in 2005

In 2005 CSF carried out KIM activities in 32 upazilas in the Jamuna Child Eye Care (CEC) region. Through these programmes CSF identified, examined and developed a database of about 2037 children by December 2005. Among them 657 were referred for cataract surgery at three partner eye hospitals namely; BNSB Sirajganj Eye Hospital, Islamia Eye Hospital and Bangladesh eye hospital. Apart from these referred children CSF also referred about 200 children for surgery who had cataract in only one eye (unilateral cataract). Though they were not blind according to World Health Organisation (WHO) definition, yet CSF identified them and offered free cataract surgery to these children so that their other eye is not affected in future. These twelve months of intensive fieldwork by CSF reveals that there is a substantial number of children in the country who require dedicated social (education, rehabilitation) and technical (surgery) services from the service providers. CSF also provided hands on training to roughly 1,300 volunteers on how to identify a blind child, where to refer them and how to provide primary eye care.

CSF found 2037 children and referred 657 blind children. However only 65% of re

ferred children presented for surgery. The cost of transport to attend hospital has been identified as one of the main barriers to the uptake of surgery.



Participatory workshops



CSF organized 8 workshops with the primary and secondary stakeholders in 2005. The outputs from these workshops were analysed and used when designing the comprehensive eye care projects in Jamuna CEC region. Over 2004/5 workshops were held with the following groups: primary service providers, secondary service providers, community members, primary care givers, children (sighted and blind), policy makers, CSF executive and field staff. The Australian volunteers facilitated the early workshops and Johurul Islam held the later workshops in Bangla. The results from the workshops were recorded, translated into Bangla and sent back to the participants for their records. The data recorded was used in developing further programs for blind children.

Developing partnerships

With hospital

In 2005, CSF established a partnership with the newly built Bangladesh Eye Hospital in Dhanmondi, Dhaka. An MOU was signed and 100 children benefited from free surgery as a result of this partnership.



Developing partnerships

With International NGOs

CSF also signed an MOU with the Royal Commonwealth Society for the blind (RCSB) to expand their programme in the greater Dhaka division, which will be an 18 month project. Under this project CSF will identify, examine and develop a database of 8,181 blind children and refer roughly 2,100 blind children for cataract surgery. In order to increase the uptake of surgery, CSF will provide a transport allowance to children who are referred to hospital for surgery.

With grass NGOs



The Child Sight Network conference was organised by CSF in 2005. 53 participants from various local organizations participated and formed a Child Sight Network (CSN) from 18 districts of Bangladesh. One of the aims of the network is to better coordinate services in order to improve the outcomes for blind children.



Sight Day 2005

Designed, developed and disseminated a new poster on World Sight Day 2005.

Organised 4 seminars in 4 districts

Organised rally where blind and sighted children participated. Five rallies were sponsored in 5 districts of 2 divisions.

Jointly participated in 6 programmes to celebrate World Sight Day in 6 districts.

Organised two eye examination camps in 2 districts.

Arranged cataract surgery for 12 blind children in partner eye hospitals.

Capacity building at CSF

CSF appointed another manager to develop childhood cataract health communication Project. This will be an extension of the current Childhood Blindness Project of Bangladesh but will mainly focus on developing and disseminating health communication material. It also sponsored a diploma course for one of its staff and English language courses for two of its staff for their personal development.

Strategic communication for advocacy and awareness

With the view to create a positive impact on the childhood blindness situation in Bangladesh, CSF has started to publicize the issues of blind children and their rights through both electronic and print media in Bangladesh. CSF received enormous support from various segments of society including mass media, after some of the case studies were in the major daily newspapers. CSF has managed to create real change in real peoples lives with the support from its well-wishers and patrons. CSF designed, developed and disseminated two additional posters on childhood blindness. It also developed a documentary on changes in the lives of beneficiaries after cataract surgery for future communication and advocacy work.



Summary table of CSF activities in 2004 and 2005

CSF at a glance:

Activities	2004	2005
Number of full time Staff	12	11
Total budget expenditure in Taka	63,15,100	48,31,658
Donor (ICEH)	ICEH	ICEH
A Community based programmes		
Number of districts	10	5
Number of thana	20	32
Number of blind children identified and examined by ophthalmologist	812	2037
Number of cataract blind children found and referred for surgery	229	657
Number of other children examined by ophthalmologists	552	1195
Number of parents counselled	315	770
Number of key informants trained	600	960
Number of community level health communication activities undertaken	400	640
B Technical assistance from Australian govt		
Person –month of specialist input received	3	9
C Advocacy and communication		
#Posters published	1	3
# Newspaper article published	40	60
Attending Dristi Mela	2	1
Video demonstration shows	50	40
D Partnership for Policy and Planning		
Participatory workshops	3	6
Number of participants in workshops	12	58
Network workshop	Nil	1
Number of participants in network workshop	Nil	53
Hospitals partnership (MOU)	1	1
CBO/NGO partners	Nil	32
E CSF capacity building		
Management appointment	1	1
Training of staff	7	8
F Visits by International Supporters	12	10
G World Sight Day activities	11	7
Restoring sight in blind children	25	12
Community screening camps	Nil	2
Participation in joint programmes	1	6
Publication of reports in newspapers	1	6
Rally	Nil	5
Posters	1	1
Other world sight day activities (Seminars)	Nil	4

Monitoring of Project Activities

The Project Manager meets with field staff in the Dhaka office at the end of each month to collate results and discuss programme activities for that month. Targets are set for each programme area and the results are discussed within the team. This is also an opportunity for the field staff to learn from each other's experience. Quarterly monitoring reports are compiled by the Project Manager and submitted to the donor and meetings arranged if there is a need for further discussion or clarification of relevant issues.

Visit to CSF by International donors and supporters during this period:

1. The honourable chairman of Muslim Aid UK Mr. Farooq Murad paid a visit to CSF office to have a glimpse of its activities and expressed his satisfaction and further support of CSF activities.
2. Visit by Dr Clare Gilbert, Reader in International Eye Health, London School of Hygiene and tropical medicine, ICEH.
3. Dr Sally Hartley, Centre for International Child Health, University College London.
4. Toby Quantrill, Programme officer, South Asia and Caribbean region, SSI, UK
5. Frank O'Donnell and Ian Rutherford, Journalist and Photographer, The Scotsman, UK
6. Niki and Jul, Journalist and photographer from UK to document KIM for BCCC programme, SSI.

Future direction of CSF 2006-9

CSF's vision for the future 2006-2009

In respect of time frame, although the CSF team has been working in the area of childhood blindness for the last 4 years, in respect of outputs and achievements it has already created significant milestones and aims to go further through innovation, community participation, partnership and comprehensive action at the grass root, local, national and international level.

CSF is planning to undertake the following major programmes in 2006 to 2009:

1. Childhood Cataract Health Communication Project:

This is an innovative project developed jointly by CSF and ICEH team that aims to develop, pilot and disseminate specific health communication materials to create awareness, train people and to assist service delivery for children with cataract. This project will develop posters, leaflets, training manuals, video materials and mass communication materials related to childhood cataract. Currently no such materials are available in Bangladesh. Once developed the materials will be disseminated through the members of the Child Sight Network so that they are resourced and empowered to continue health communication activities throughout Bangladesh. CSF will ensure the sustained effect and long-term impact of these materials through active partnership with the Child Sight Network. Childhood Cataract Health Communication Project is supported jointly by ICEH London, Development Cooperation Ireland and CBM Ireland.

2. Child Sight Community Project (CSCP):

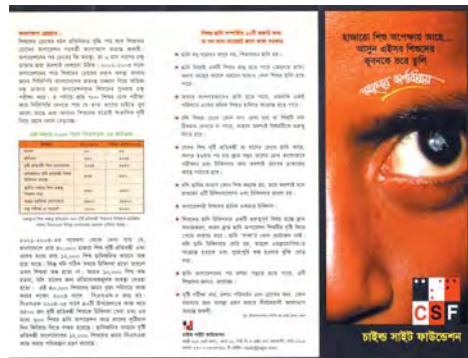
This is a community based case finding project to identify blind children and refer cataract blind children from 103 upazilas of 14 districts of Dhaka division of Bangladesh. Through this project approximately 8,000 blind children will be identified and over 2,200 blind children will regain sight through cataract surgery in partner eye hospitals. This project is supported by RCSB.

3. Paediatric Ophthalmology Centre (Centre for Child Sight):

CSF is planning to develop a specialized centre to provide high quality and high volume treatment service for children's eye diseases in Bangladesh. This centre will focus on developing specialized paediatric ophthalmology services and will be linked with CSF's community based programmes for referral and linkages.

CSF will continue its advocacy work as part of its strategies to create awareness, to inform policies and to involve stakeholders to create a right-based society for children with blindness and visual impairment.

CSF is a relatively young organization with reasonable amount of innovative experiences of working with blind children in Bangladesh. CSF has achieved sound results since 2001 and expanding its portfolio of work since its formal inception in 2002. The participatory planning process ensures that different stakeholder groups are engaged in the development of the programmes and that their needs are met. The rural communities are empowered through their knowledge about Primary Eye Care, including treatment and rehabilitation options. Monitoring and Evaluation form a core part of programme activities thus ensuring the sustainability of the organization. The monitoring component guarantees transparency and holds CSF accountable to its donors and other stakeholders



ICEH has been the main donor of CSF activities since its inception, with grants from

- Christoffel-Blindenmission, Germany
- Muslim Aid, UK
- Royal Commonwealth Society for the Blind, UK
- British Council for Prevention of Blindness, UK
- Royal College of Surgeons, England, UK
- Development Cooperation Ireland
- CBM, Ireland

CSF appreciates the involvement of the local and international donors and partners to achieve its aims and believes that it is possible to identify all blind children and provide high quality surgery for children with cataracts, free of cost. It is also possible, indeed our duty too, to ensure the rights of education of 30,000 blind children, and rehabilitation services for 28,000 blind children and their families in Bangladesh.

CSF is appealing to foreign and local donors, missions, government organizations and NGOs in Bangladesh to come forward to aid them in their work. Financial institutions and multinational companies especially, are in a position to make an effective contribution to help us to create a right-based society for children in Bangladesh, particularly for children who are blind.

Audit Report of Childhood Blindness Project of Bangladesh

Office equipment	43,750
Furniture and fixtures	30,000
Payment of previous year's liability	7,000

C. Closing Balance (A-B)	3,963,646

Cash at Banks	1,174,473
	=====

The accompanying notes form an integral part of the financial statements.

Signed in terms of our separate report of even date annexed.

M. M. Ullah
(General Secretary)

Dated: March 06, 2006
Dhaka

J. U. Ahmed & Co.
(J.U. Ahmed & Co.)
Chartered Accountants



Audit Report of Child Sight Community Project

Executive Board (2006-7):

President	Prof. A.H. Syedur Rahman Former President, Bangladesh Medical Association Chief Consultant Ophthalmologist, BIRDEM Hospital
Vice President	Mr. Md. Mohsin Mahmood Businessman
General Secretary	Mr. Abu Issa Mohammad Mainuddin Deputy Manager (Telecommunication), SIEMENS
Joint Secretary	Eng. Shehab Chowdhury Deputy Manager, Industrial Credit Division, Basic Bank
Treasurer	Mr. Javed Hasan Mahmood Industrialist, Entrepreneur
Member	Mr. Md. Majed Hossain Businessman
Member	Mr. Md. Ekramul Kabir Businessman

Staff Member of Child Sight Foundation:

Project Manager	Md. Anwar Hossain
Project Manager	Farida Akter
Network Coordinator	Md. Johurul Islam
Regional Coordination Officer	Md. Ali Ahad
Regional Coordination Officer	Md. Jahidul Islam Chowdhury
Project Coordinator	Salim Sarwer
Counsellor	Shahitaje Parvine
Finance & Data Management Officer	Md. Ansar Ali
Link Staff	Md. Sadekul Islam
Rehabilitation Officer	Md. Altaf Hossain
Community Mobiliser	Md. Abdul Momin
Community Mobiliser	Utpal Kanti Acharjee
Community Mobiliser	Amiya Kumar Sarkar
Community Mobiliser	Md. Abdul Baten
Community Mobiliser	Md. Nazmul Haque
Community Mobiliser	Md. Hamidullah
Community Mobiliser	Md. Anis Lohani
Community Mobiliser	Md. Lokman Hossain
Office Assistant	Md. Azim Hossain
Office Guard	Md. Abul Kalam Azad

Advisory Board of Child Sight Foundation:

Prof. M. A. Matin MP

Former Deputy Prime Minister and Former Health Minister of Bangladesh

Former Professor of Ophthalmology

Dr. Zobaida Hannan

Gynaecologist and Social Worker

Dr. M. A. Muhit

Clinical Research Fellow, London School of Hygiene & Tropical Medicine and Medical Advisor, Muslim Aid

Ms. Viola Korczak

Programme Development Advisor , Sydney, Australia

Ms. Nicole Kingwell

AYAD a programme of AusAid

Currently on leave from position as:

Senior Occupational Therapist

Fremantle Hospital and Health Service

Western Australia

Child Sight Foundation would like to acknowledge the financial and technical support of the organisations and individuals listed below:

Child Sight Foundation projects are currently (2006) funded by-

Muslim Aid UK

Christoffel-Blindenmission Germany and Ireland

Development Cooperation Ireland

Royal Commonwealth Society for the Blind UK

Child Sight Foundation receives technical support from-

International Centre for Eye Health (ICEH), London

London School of Hygiene and Tropical Medicine

Child Sight Foundation acknowledges the support from-

Australian Youth Ambassador for Development (AYAD)

AusAid Australian Agency for International Development

Christian Services International

Southeast Bank

Dhaka Rotary Club

Madona Group

DHL

Renaissance, Music Band

Dr. Kazi Shabbir Anwar, Paediatric Ophthalmologist

Dr. Mastura, Paediatric Ophthalmologist

Dr. Israil Hussain, Paediatric Ophthalmologist

Dr. Zakia Wadud, Ophthalmologist

Bangladesh Eye Hospital, Dhaka

BNSB Eye Hospital, Sirajganj

Islamia Eye Hospital, Dhaka

Bangladesh Jatyio Andha Kallayan Somity (BJAKS)

National Institute of Ophthalmology (NIO)

Baptist Sangha School for the Blind Girls

Assistance for Blind Children

Bangladesh Blind Mission

TOITOMBOOR, Children's Magazine

All Member Organisations of Child Sight Network (CSN)

2006

CSF Activity Album





To bring colour...
when life is dark...



Child Sight Foundation

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